

TACTICAL RESPONSE REPORT/Chicago Police Department

1. DATE OF INCIDENT 30-APR-2012		TIME 02:51:00		2. ADDRESS OF OCCURRENCE 2356 W 25TH ST CHICAGO, IL 60608				3. LOCATION CODE 303		4. BEAT/OCCUR 1034										
MEMBER INVOLVED <input type="checkbox"/> DNA	5. POSITION 9161		6. LAST NAME PRATSCHER		7. FIRST NAME TERRENCE P		8. STAR NO. 4190		9. SEX <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F		10. RACE CODE WHI		11. AGE [REDACTED]		12. HT. 601		13. WT. 255			
	14. DATE OF APPT. 19-MAY-2008		15. EMPLOYEE NO. 106273		16. UNIT & BEAT OF ASSIGNMENT 010 1006FR		17. DUTY STATUS <input checked="" type="checkbox"/> 01 On <input type="checkbox"/> 02 Off		18. MEMBER INJURED? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No		19. MEMBER IN UNIFORM? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No									
	20. LAST NAME GIVENS		21. FIRST NAME JOHN		22. M.I. [REDACTED]		23. SEX <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F		24. RACE BLK		25. D.O.B. [REDACTED]		26. HT. 507		27. WT. 185					
SUBJECT INFORMATION <input type="checkbox"/> DNA	28. ADDRESS [REDACTED]				29. TELEPHONE NO. [REDACTED]				30. WAS SUBJECT ARMED/VEHICLE - ATTEMPTED TO STRIKE OFFICER WITH VEHICLE <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No				31. SUBJECT INJURED? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No				32. SUBJECT ALLEGED INJURY? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No			
	33. WHERE WAS MEDICAL TREATMENT OBTAINED? MOUNT SINAI HOSPITAL				34. BY WHOM? [REDACTED]				35. CONDITION <input checked="" type="checkbox"/> 01 Apparently Normal <input type="checkbox"/> 02 Under Influence				36. CHARGES PLACED [REDACTED]				37. CB NO. 00000000			
REASON FOR USE OF FORCE (Check all that apply)	38. <input type="checkbox"/> DNA		PASSIVE RESISTER		ACTIVE RESISTER		ASSAILANT: ASSAULT		ASSAILANT: BATTERY		ASSAILANT: DEADLY FORCE									
	SUBJECT'S ACTIONS		DID NOT FOLLOW VERBAL DIRECTION <input checked="" type="checkbox"/>		FLED <input checked="" type="checkbox"/>		IMMINENT THREAT OF BATTERY <input checked="" type="checkbox"/>		ATTACK WITH WEAPON <input type="checkbox"/>		USERS FORCE LIKELY TO CAUSE DEATH OR GREAT BODILY HARM <input checked="" type="checkbox"/>									
	MEMBER'S RESPONSE		STIFFENED (DEAD WEIGHT) <input type="checkbox"/>		PULLED AWAY <input type="checkbox"/>		OTHER <input type="checkbox"/>		ATTACK WITHOUT WEAPON <input type="checkbox"/>		WEAPON <input checked="" type="checkbox"/>									
WEAPON DISCHARGE INCIDENT	MEMBER PRESENCE		OPEN HAND STRIKE		ELBOW STRIKE		KNEE STRIKE		FIREARM											
	VERBAL COMMANDS		TAKE DOWN / EMERGENCY HANDCUFFING		CLOSED HAND STRIKE/PUNCH		KICKS		OTHER											
	ESCORT HOLDS		OC/CHEMICAL WEAPON		IMPACT WEAPON (Describe in Box 40)		IMPACT MUNITION (Describe in Box 40)													
CASE INFO.	ARMED		PRESSURE SENSITIVE AREAS		TASER (Probe Discharge)		TASER (Contact Stun)		TASER (Laser Targeted)		TASER (Spark Displayed)									
	CONTROL INSTRUMENT		OC/CHEMICAL WEAPON		OTHER															
	OTHER																			
SIGNATURES	39. <input type="checkbox"/> DNA				40. ADDITIONAL INFORMATION USED VEHICLE AS WEAPON															
	POSITION				STAR NO.				UNIT											
	41. WEAPON TYPE <input checked="" type="checkbox"/> 01 REVOLVER <input type="checkbox"/> 02 RIFLE <input type="checkbox"/> 03 SHOTGUN				42. INCIDENT OCCURRED <input type="checkbox"/> Indoors <input checked="" type="checkbox"/> Outdoors				43. LIGHTING CONDITIONS <input type="checkbox"/> 01 Daylight <input type="checkbox"/> 02 Night <input type="checkbox"/> 03 Dawn <input type="checkbox"/> 04 Dusk <input checked="" type="checkbox"/> 05 Poor Artificial <input type="checkbox"/> 06 Good Artificial				44. WEATHER CONDITIONS CLEAR							
70. EVENT NO. 1212101315	45. MAKE/MANUFACTURER GLOCK, INC.-AU-				46. MODEL 17				47. BARREL LENGTH 4.5				48. CALIBER/GAUGE 9 MM							
	49. TASER DART ID NO.				50. WEAPON SERIAL NO. (Include Letters) LCC590				51. CHICAGO GUN REG. NO. R007725S				52. IL FIREARM OWNER ID. NO. [REDACTED]				53. HANDGUN CERTIFICATE NO.			
	54. SPECIAL WEAPON CERTIFICATE NO.				55. PROPERTY INVENTORY NO.				56. TYPE OF AMMUNITION USED Department Issued				57. NO. OF WEAPONS DISCHARGED BY THIS MEMBER 1				58. TOTAL NO. OF SHOTS MEMBER FIRED 11			
71. R.D. NO. HV264189	59. WHO FIRED FIRST SHOT <input checked="" type="checkbox"/> 01 MEMBER <input type="checkbox"/> 02 OFFENDER <input type="checkbox"/> 03 OTHER (Specify)				60. WAS FIREARM RELOADED DURING INCIDENT <input type="checkbox"/> 01 YES <input checked="" type="checkbox"/> 02 NO				61. NO. OF CARTRIDGES/ SHOT SHELLS RELOADED				62. HOW WAS MEMBER'S HANDGUN WORN <input checked="" type="checkbox"/> 01 RT. SIDE (WAIST) <input type="checkbox"/> 02 LT. SIDE (WAIST) <input type="checkbox"/> 03 OTHER (Specify)							
	63. HOW WAS MEMBER'S HANDGUN DRAWN <input checked="" type="checkbox"/> 01 STRONG SIDE DRAW <input type="checkbox"/> 02 CROSS DRAW <input type="checkbox"/> 03 OTHER (Specify)				64. SPECIFY METHOD/EQUIPMENT USED TO RELOAD				65. DID MEMBER USE SIGHTS <input type="checkbox"/> 01 YES <input checked="" type="checkbox"/> 02 NO											
	66. DESCRIBE PROTECTIVE COVER USED (LIGHT POLES, DOORWAYS, CAR, FURNITURE, ETC) NONE				67. DISTANCE BETWEEN INVOLVED MEMBER & OFFENDER WHEN FIRST SHOT WAS FIRED <input checked="" type="checkbox"/> 01 0 - 05 FT. <input type="checkbox"/> 02 05 - 10 FT. <input type="checkbox"/> 03 10 - 15 FT. <input type="checkbox"/> 04 OVER 15 FT.															
72.	68. PERSON/OBJECT STRUCK AS RESULT OF THE DISCHARGE OF MEMBER'S WEAPON <input type="checkbox"/> 01 PERSON <input type="checkbox"/> 02 OBJECT <input type="checkbox"/> 03 BOTH <input checked="" type="checkbox"/> 04 UNKNOWN				69. POSITION OF MEMBER DISCHARGING WEAPON <input checked="" type="checkbox"/> 01 STANDING <input type="checkbox"/> 02 LYING DOWN <input type="checkbox"/> 03 SITTING <input type="checkbox"/> 04 KNEELING <input type="checkbox"/> 05 OTHER (Specify)															
	NOTIFICATIONS (OC OR TASER INCIDENT): <input type="checkbox"/> OEMC <input checked="" type="checkbox"/> DESK SGT. & W.C./DIST. OF OCCUR.				NOTIFICATIONS (FIREARM INCIDENT): <input checked="" type="checkbox"/> OEMC <input checked="" type="checkbox"/> DESK SGT. & W.C./DIST. OF OCCUR. <input checked="" type="checkbox"/> OP COMMAND <input checked="" type="checkbox"/> DET. DIV.				Members will ensure that all required notifications and all witnesses to this use of force are documented in the appropriate case report.											
	73. REPORTING MEMBER (Print Name) PRATSCHER, TERRENCE P				STAR/EMPLOYEE NO. 4190				SIGNATURE [REDACTED]											
73.	30-APR-2012 14:15:48																			
	Reviewing supervisor will ensure the legibility and completeness of this report and attest by entering the required information below.																			
	74. REVIEWING SUPERVISOR (Print Name) MAJERCZYK, GERARD E				STAR NO. 2201				SIGNATURE [REDACTED]				DATE REVIEWED 30-APR-2012 14:36:40				TIME			

LOG #

Attachment # 20

WATCH COMMANDER/OCIC REVIEW

THE WATCH COMMANDER WILL COMPLETE THE REVIEW SECTION FOR 1.) ALL INCIDENTS THAT DID NOT INVOLVE THE DISCHARGE OF A FIREARM; 2.) FIREARM DISCHARGE INCIDENTS INVOLVING THE DESTRUCTION OF AN ANIMAL OR; 3.) ACCIDENTAL DISCHARGE OF A FIREARM NOT RESULTING IN AN INJURY TO ANY PERSON.

THE ADS WILL COMPLETE THE REVIEW SECTION FOR ALL INCIDENTS INVOLVING: 1.) THE DISCHARGE OF A FIREARM OR IMPACT MUNITIONS BY OR AT A DEPARTMENT MEMBER EXCEPT FOR AN ANIMAL DESTRUCTION OR AN ACCIDENTAL DISCHARGE THAT DOES NOT RESULT IN AN INJURY TO ANY PERSON; 2.) MEMBER'S USE OF FORCE BY WHATEVER MEANS THAT RESULTS IN THE DEATH OF A PERSON; 3.) ANY LESSER USE OF FORCE BY A DEPARTMENT MEMBER WHEN THAT USE OF FORCE STEMS FROM THE SAME INCIDENT DESCRIBED HERE IN 1 OR 2.

75. SUBJECT'S STATEMENT REGARDING THE USE OF FORCE

☐ DNA

☐ REFUSED

☒ UNABLE TO INTERVIEW (Specify Reason)

Subject receiving medical treatment at Mt. Sinai hospital.

76. WATCH COMMANDER/OCIC RATIONALE FOR BOX 77 FINDING

It is the preliminary determination of the undersigned based on the facts available at this time that Officer Pratscher acted in compliance with department policy in that Officer Pratscher fired his weapon at the offender after the offender pointed his vehicle at Officer Gonzalez and attempted to hit Officer Pratscher after striking Officer Papin with same vehicle.

77. WATCH COMMANDER/OCIC FINDING BASED UPON CURRENTLY AVAILABLE INFORMATION:

☒ I HAVE CONCLUDED THAT THE MEMBER'S ACTIONS WERE IN COMPLIANCE WITH DEPARTMENT PROCEDURES AND DIRECTIVES

☐ I HAVE CONCLUDED THAT FURTHER INVESTIGATION IS REQUIRED

LOG NO./CRNO. 1053667 OBTAINED

78. WATCH COMMANDER/OCIC (Print Name)

JOHNSON, EDDIE T

SIGNATURE

DATE COMPLETED

TIME

30-APR-2012 15:28:51

79. DISTRIBUTION OF ORIGINAL TRR:

A TRR PACKET, INCLUDING THE TRR AND COPIES OF THE BELOW LISTED ATTACHMENTS WILL BE FORWARDED TO THE OFFICE OF PROFESSIONAL STANDARDS.

ATTACHMENTS - PHOTOCOPIES OF:

☐ CASE REPORT

☐ ARREST REPORT

☐ SUPPLEMENTARY REPORT

☒ OFFICER BATTERY REPORT

☐ TO-FROM-SUBJECT REPORTS FROM DEPARTMENT WITNESS(ES)

☐ I.O.D. REPORT

☐ CR INITIATION REPORT

80. TOTAL TRR's THIS EVENT No

12